
State:	District of Columbia	Filing Company:	National Liability & Fire Insurance Company
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability		
Product Name:	Lawyers Professional Liability		
Project Name/Number:	OFAC Endt/16-ATTPROF-01		

Filing at a Glance

Company:	National Liability & Fire Insurance Company
Product Name:	Lawyers Professional Liability
State:	District of Columbia
TOI:	17.2 Other Liability-Claims Made Only
Sub-TOI:	17.2019 Professional Errors and Omissions Liability
Filing Type:	Form
Date Submitted:	11/07/2016
SERFF Tr Num:	METP-130794138
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	16-ATTPROF-01
Effective Date	01/01/2017
Requested (New):	
Effective Date	01/01/2017
Requested (Renewal):	
Author(s):	Melissa Millican, Megan Beachy, Erin Wilson
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia **Filing Company:** National Liability & Fire Insurance Company
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability
Product Name: Lawyers Professional Liability
Project Name/Number: OFAC Endt/16-ATTPROF-01

General Information

Project Name: OFAC Endt Status of Filing in Domicile: Pending
Project Number: 16-ATTPROF-01 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 11/10/2016
State Status Changed: Deemer Date:
Created By: Megan Beachy Submitted By: Megan Beachy
Corresponding Filing Tracking Number:

Filing Description:

National Liability & Fire Insurance Company respectfully submits for your review and consideration the attached form for the Lawyers Professional Liability Program. The proposed effective date for this filing is January 1, 2017

Company and Contact

Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com
5814 Reed Road 260-486-0838 [Phone]
Fort Wayne, IN 46835

Filing Company Information

(This filing was made by a third party - medicalprotectivecompanytpf)

National Liability & Fire Insurance Company	CoCode: 20052	State of Domicile: Connecticut
3024 Harney Street	Group Code: 31	Company Type:
Omaha, NE 68131	Group Name: Berkshire Hathaway Inc.	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 36-2403971	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

METP-130794138

State Tracking #:

Company Tracking #:

16-ATTPROF-01

State: District of Columbia**Filing Company:**

National Liability & Fire Insurance Company

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability**Product Name:** Lawyers Professional Liability**Project Name/Number:** OFAC Endt/16-ATTPROF-01

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Economic Sanctions Exclusion Endorsement	ATY-2015-00-0116	01/2016	END	New		0.000	ATY-2015-00-0116 - Economic Sanctions Exclusion.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

ECONOMIC SANCTIONS EXCLUSION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

In consideration of the payment of premium, it is understood and agreed that the following endorsement is attached to and modifies the Policy.

The following exclusion is added to paragraph 2 of Section E., EXCLUSIONS, of the Policy:

Where coverage for such **claim** or Supplementary Payments would result in violation of any U.S. economic trade sanctions such as, but not limited to, those sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control. Similarly, any coverage relating to or referred to in any certificates or other evidences of insurance, or any **claim** or Supplementary Payments that would be in violation of U.S. economic or trade sanctions as described above shall be null and void.

All other terms and conditions of the policy remain unchanged.

State:	District of Columbia	Filing Company:	National Liability & Fire Insurance Company
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2019 Professional Errors and Omissions Liability		
Product Name:	Lawyers Professional Liability		
Project Name/Number:	OFAC Endt/16-ATTPROF-01		

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	We request that the Department waive the readability score requirements for this program since the insureds are all professionals who should be expected to read at a level higher than that contemplated under a 40 score.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	attached
Attachment(s):	Med Pro filing authorization _ 2016.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Memo
Comments:	attached
Attachment(s):	DC LPL Filing Memo.pdf
Item Status:	
Status Date:	

THIRD PARTY FILING AUTHORIZATION

I, **Trent C. Heinemeyer**, a duly authorized officer of National Liability & Fire Insurance Company (the "Insurer"), certifies on behalf of the Insurer that The Medical Protective Company is duly and fully authorized to make rate and policy form regulatory filings on the Insurer's behalf for the following line of business in each state:

TOI: 17.0 Other Liability – Occurrence & Claims Made

TOI: 17.2 Other Liability-Claims Made Only

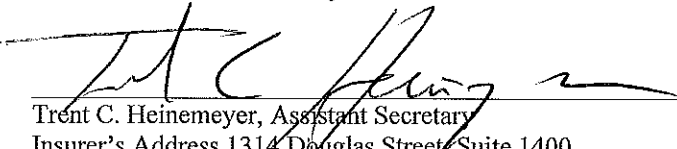
Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Sub-TOI: 17.2019 Professional Errors and Omissions Liability

This authorization shall include acting as the point of contact for the state insurance department in each state.

This authorization shall remain in effect until terminated in writing by Insurer, but, in any event, will expire no later than two years from its original date and shall not survive any change in ownership of either the Insurer or The Medical Protective Company. This authorization is not transferable by The Medical Protective Company to any third party.

I understand that the Insurer remains ultimately responsible for the filings made on the Insurer's behalf by The Medical Protective Company.


Trent C. Heinemeyer, Assistant Secretary
Insurer's Address 1314 Douglas Street, Suite 1400
City Omaha State Nebraska Zip Code 68102-1944

10/20/2016
Date

Insurer - Contact person responsible for filings, if different from above

Name and Title Daniel M. Pongratz, Supervisor, Industry & Regulatory Relations Unit
Address 1314 Douglas Street, Suite 1400
City Omaha State Nebraska Zip Code 68102-1944
Email dmpongratz@nationalindemnity.com
Direct Telephone and Fax Number Ph: (402) 916-3000; Fax: (402) 916-3445

Third Party Filer - Contact person responsible for filings

Name and Title Melissa Millican, Paralegal
Address The Medical Protective Company, 5814 Reed Road
City Fort Wayne State Indiana Zip Code 46835
Email melissa.millican@medpro.com
Direct Telephone and Fax Number Ph: (260) 486-0838 ; Fax: (260) 486-0784

**National Liability & Fire Insurance Company
Lawyers Professional Liability**

DISTRICT OF COLUMBIA

FORM FILING

National Liability & Fire Insurance Company respectfully submits for your review and consideration the attached form for the Lawyers Professional Liability Program. The proposed effective date for this filing is January 1, 2017.

ATY-2015-00-0116 Economic Sanctions Exclusion Endorsement

This form excludes coverage for claims that violate U.S. economic trade sanctions. This form is mandatory and has no rate impact.